Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| Facility's Name: Manayan's ARCH-EC-LLC | CHAPTER 100.1 |
|---|------------------------------------|
| Address: 1319 Gulick Avenue, Honolulu, Hawaii 96819 | Inspection Date: November 14, 2019 |

| Rules (Criteria) | Plan of Correction | Completion Date |
|------------------|---------------------|--------------------|
| NO DEFICIENCIES | NOT APPLICABLE (NA) | NA |
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